

**RECEIVED**  
**CENTRAL FAX CENTER**  
**MAY 31 2011**

Re-Application No. 10/633,359

Filed: 08 04 2003

Art Unit 3653

7590 02/16/2006

(May 26 2011)

Renewed Petition under 37 CFR 1. 137(a)

ATTENTION: Andrea Smith,

Dear Andrea,

"I hereby request an as-of-right extension to the most recent report under 37 CFR 1. 137(a)" I have been terminally ill since 2003 became increasingly worse in 2005 requiring Splenectomy surgery January 27th 2005 at Mc Master Hospital in Hamilton Ontario, (6.5 lbs tumour removed including Spleen, Pancreas, some small Intestine) many complications along the way to recovery. I went through very stressful, difficult times of suffering, confusion and depression. I was treated for my Symptoms during that time period. I had Surgery again in June 2006 for Prostate Cancer, many complications along the way to recovery as well.

My finances were depleted; and because of my failing health and frame of mind at the time I was not able to fully comprehend the severity of not attending to this matter expeditiously. Please keep in mind as well; that I hired the services of a Lawyer (Anthony Asquith) on April 7<sup>th</sup> 2006, his advised was: "I should not maintain my Canadian application and that I should leave everything to him where my US application was concerned. I terminated his services September 16<sup>th</sup> 2008, I felt that I was under-represented. I did not want to disclose my psychological conditions but I feel they will provide the help necessary for this case.

Since I have previously submitted: Petition documents to make special based on age for advancement of examination under 37 CFR 1.102(c)(1) also petition for revival of an application for patent abandoned unintentionally under 37 CFR 1. 137(b). Hope I have met the burden placed upon me, and you can now expedite the application to grant. Enclosed please find medical records.

Wellesley Allen

1216 Avonlea Road

Cambridge Ontario

Canada n3h 4z8



Human Resources  
Development Canada  
Income Security  
Programs

Développement des  
ressources humaines Canada  
Programmes de la  
sécurité du revenu

RECEIVED  
CENTRAL FAX CENTER  
MAY 31 2011

Personal Information Bank  
ARDC PPU 140  
Fichier de renseignements personnels  
DRHC PPU 140

# MEDICAL REPORT - RAPPORT MÉDICAL

Protected When Completed - B  
Protégé une fois rempli - B

SECTION A To be completed by patient - Doit être rempli par le patient			
First Name - Prénom <b>Leslie</b>		Initial - Initiale <b>A</b>	Last Name - Nom de famille <b>Allen</b>
Home Address (No., Street, Apt., or R.R.) Adresse du domicile (numéro, rue, app., ou route rurale) <b>1216 Avonlea Rd</b>		City - Ville <b>Cambridge</b>	Province or Territory Province ou territoire <b>ONT.</b>
Postal Code Code postal <b>M3H 1H4</b>	Telephone No. - N° de téléphone <b>(519) 653-1886</b>	Date of Birth Date de naissance Y/A <b>1</b> M <b>1</b> D/J	Social Insurance Number Numéro d'assurance sociale <b>1 1 1</b>
SECTION B To be completed by Physician - Doit être rempli par le médecin			
Please provide factual objective opinions - Veuillez donner une opinion factuelle objective			
1 Height - Taille <b>6'</b>	2 a) How long have you known the patient? Depuis quand connaissez-vous le patient? <b>6 mos.</b>	b) When did you start treating the patient for the main medical condition? Quand avez-vous commencé à traiter le patient pour son état pathologique principal? Y/A <b>2006</b> M <b>FEB</b> D/J <b>2006</b>	c) Date of the last visit Date de la dernière visite Y/A <b>2006</b> M <b>MAY</b> D/J <b>29</b>
Weight - Poids <b>185 lbs</b>	3 Diagnosis (es) - Diagnostic(s) :  <b>Depression (Major Affective Disorder) Prostate Ca</b>		
4 Relevant/significant medical history relating to the main medical condition: Antécédents médicaux pertinents/importants reliés à l'état pathologique principal :  <b>Recent Dx of Prostate Ca He is facing a radical prostatectomy and all the possible adverse outcomes (impotence, incontinence, etc.)</b>			

ISP-2519-00

Please write legibly - Veuillez écrire lisiblement

**RECEIVED**  
**CENTRAL FAX CENTER**  
**MAY 31 2011**

**Alfred Y. Oh, MD, FRCS(C)**

Adult and Pediatric Otolaryngology  
Head and Neck Surgery

655 Fairway Road S., Unit A1-B  
Kitchener, Ontario, N2C 1X4  
Tel: 519-896-0949  
Fax: 519-896-0957

April 12, 2006

Re: Allen, Wellesley Alexander  
DOB:

Dear Dr. Pierre Kugler:

Thank you for referring Wellesley Alexander Allen to me.

Les is a 64 year-old male with a chronic history of bilateral otalgia. Over the last 3 months, it has worsened and the left side is worse than the right. He finds that stress increases the pain. Indeed, he has been under increased stress as he was diagnosed with prostate Ca. He also finds that chewing worsens the pain. There are no associated otologic symptoms such as hearing loss, tinnitus, otalgia, otorrhea or vertigo. Les takes Altace and insulin.

**Examination:**

Ears/Otoneurologic: Normal  
Nasal Cavity: Normal  
Oral Cavity/Oropharynx: Normal  
Neck and Face: Significant bilateral TMJ crepitus was felt.  
Flexible Nasopharyngoscopy: Not done

**Audiogram:**

A low frequency left sensorineural hearing loss with a high frequency loss was seen. The right side demonstrated mild hearing loss

**Assessment and Plan:**

1. Temporomandibular joint dysfunction
2. Assymetrical hearing loss

I believe Les' otalgia is related to significant TMJ dysfunction for which I recommended he obtain an oral splint. However, he also has a previously undetected assymetrical hearing loss. Thus, I have ordered an MRI of the cerebellopontine angles and I will follow up afterwards.

Thank you for involving me in this patient's care.

Best regards,

  
Alfred Oh, MD, FRCS (C)

31 May 11,09:37a

les allen

1 519 653 6082

p.4



**Cambridge  
Memorial Hospital**  
DIAGNOSTIC IMAGING DEPARTMENT  
700 Coronation Blvd.,  
Cambridge, Ontario N1R3G2  
Tel: (519) 621-2333 Ext. 2230 Fax: (519) 740-4904

# **DIAGNOSTIC IMAGING REPORT**

**RADIOLOGISTS**  
L.F.W. MARTIN, M.D., C.M., F.R.C.P.C.  
M.R. SULEMAN, M.D., F.R.C.P.C., D.A.B.R.  
HAMILTON GENERAL RADIOLOGISTS

NAME <b>ALLEN, LES, WELLESLEY ALEXANDER</b>		SEX <b>M</b>	ACCOUNT NUMBER <b>TD022822/04</b>
ORDERING PHYSICIAN <b>SIKANETA, S.</b>		LOCATION <b>DI</b>	MEDICAL RECORD NO. <b>090926</b>
REFERRING PHYSICIAN <b>SIKANETA, S.</b>	DATE OF BIRTH <b>62</b>	AGE <b>62</b>	DATE OF EXAM <b>30/11/2004</b>
		RADIOLOGY NO <b>00011459</b>	

**S S SIKANETA**  
800 FRANKLIN BLVD.  
CAMBRIDGE  
ON  
N1R 7K8

519-740-1870

XAM#	TYPE/EXAM	RESULT
00673718	CAT/C.T.ABDOMEN W&WO CONTRAST	X See Chart

**C.T. SCAN OF ABDOMEN  
WITH AND WITHOUT CONTRAST  
30 NOVEMBER 2004**

There is a large mass replacing the body and tail of the pancreas, measuring 13.0 x 13.0 x 11.0 cm in size. It is a solid mass with a lobulated contour and inhomogeneous internal attenuation with occasional central calcification. The splenic vein is not visible and possibly encased by the tumor since there are prominent collateral veins outside of the tumor leading to the splenic hilum. The portal vein and the portal splenic confluence is displaced to the right.

The tumor appears relatively well margined from the surrounding structures except where it blends with the remnant of the pancreatic head. The upper aspect of the tumor surrounds the splenic artery as it emerges from the celiac axis. I see no evidence of regional lymphadenopathy. The liver looks clear of metastases.

The rest of the abdomen is unremarkable. A tiny simple cyst is noted at the left kidney.

## **IMPRESSION:**

**Huge pancreatic tumor. This appears confined to the pancreas with encasement of the splenic vein and development of collateral venous channels. There is no evidence of regional lymphadenopathy or distal metastasis.**

200-1  
O) 10.98  
R) 26.03.03

S S SIKANETA

(CONTINUED)